



STATE OF MISSOURI  
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
FINANCIAL MANAGEMENT, P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480  
**ANNUAL SURVEY OF CHILDREN IN LOCAL INSTITUTIONS FOR NEGLECTED OR  
DELINQUENT CHILDREN OR IN CORRECTIONAL INSTITUTIONS, TITLE I, ESEA**

<p>This report is required by Title I of the Elementary and Secondary Education Act of 1965, as amended, sections 1124, 1402, 1411, and 1412. Failure to submit this report will result in the loss of funds to the local educational agency to provide services to meet the special educational needs of the children residing in this institution.</p>		<p><b>FISCAL YEAR</b></p> <p><b>2007</b></p>	
<p><b>SECTION I – INSTITUTION AND SCHOOL DISTRICT</b></p>			
<p>1. LEGAL NAME AND ADDRESS OF INSTITUTION (INCLUDE ZIP CODE)</p>		<p>3.A. NAME OF LOCAL PUBLIC SCHOOL DISTRICT IN WHICH CHILDREN RESIDING IN THIS INSTITUTION ATTEND SCHOOL</p>	
		<p>3.B. ADDRESS (NUMBER, STREET, CITY, STATE, AND ZIP CODE)</p>	
<p>2. TYPE OF INSTITUTION (CHECK ONLY ONE BOX TO IDENTIFY THE TYPE OF INSTITUTION BEING REPORTED.)</p> <p><input type="checkbox"/> “An Institution for Neglected Children” – A public or private residential facility other than a foster home, for children who have been committed or voluntarily placed due to abandonment, neglect, or death of parents/guardians, and which has an average length of stay for at least 30 consecutive days, at least one of which was in October.</p> <p><input type="checkbox"/> “An Institution for Delinquent Children” – A public or private residential facility for children who have been adjudicated to be delinquent or in need of supervision and which has an average length of stay for at least 30 consecutive days, at least one of which was in October.</p>		<p>3.C. NAME OF COUNTY IN WHICH SCHOOL DISTRICT IS LOCATED</p>	
		<p>4. LEGAL OR ADMINISTRATIVE BASIS FOR DESIGNATION OF THIS INSTITUTION, AS INDICATED IN ITEM 2</p>	
<p>2A. INDICATE YOUR INTENTION TO PARTICIPATE IN THE TITLE I FEDERAL EDUCATIONAL PROGRAM.</p> <p><input type="checkbox"/> Yes, we intend to participate.</p> <p><input type="checkbox"/> No, we have determined not to participate</p>		<p>5. CASELOAD (SEE INSTRUCTIONS)</p>	
		<p>A. Total caseload for October 2005</p>	
		<p>B. Of total October caseload, number of children ages 5-17, inclusive, who had resided in the institution for at least 30 consecutive days, at least one of which was in October.</p>	
		<p>C. How many students attend public schools?</p>	
		<p>D. How many students attend institutional school program?</p>	
<p><b>SECTION II CERTIFICATION BY CHIEF ADMINISTRATIVE OFFICIAL OF INSTITUTION</b></p>			
<p>I CERTIFY that the information provided on this form is, to the best of my knowledge, complete and accurate. A knowingly false claim on this report is a criminal offense under U.S. Code, Title 18, Section 1001 or Section 287.</p>			
SIGNATURE		DATE SIGNED	
TYPE NAME AND TITLE		TELEPHONE NUMBER	
		AREA CODE	EXTENSION
		NUMBER	